UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re |) Chapter 7 | |
|--------------------------------------|----------------------|----------|
| American Buying Retirement Services, |) Case No. 04-114 | .27 |
| Debtor. |) Hon. Jack B. Sch | metterer |

Trustee's Final Distribution Report

I, Joseph A. Baldi, Trustee, trustee herein, certify that I have reviewed all claims filed with the Clerk of the Bankruptcy Court and have examined all orders of Court, and state that based on my review I propose to make the following distribution.

Summary of Distribution:

| Total Amount To Be Distributed: | \$289,915.90 |
|--|--------------|
| Surplus to Debtor [726(a)(6)]: | \$0.00 |
| Interest [726(a)(5)]: | \$0.00 |
| Claim of Insurance Partnership Consulting allowed per court order dated 11-8-07: | \$ 1,438.33 |
| Subordinated Claims [§510 (c) (1)]: | \$12,899.03 |
| General Unsecured Claims: | \$210,808.22 |
| Priority Tax Claims: | \$5,806.45 |
| Secured Tax Liens: | \$0.00 |
| Secured Claims | \$0.00 |
| Priority Claims [507(a)(3)-(a)(6)]: | \$13,950.00 |
| Chapter 11 Administrative Expenses: | \$0.00 |
| Chapter 7 Administrative Expenses: | \$45,013.87 |

REPORT OF DISTRIBUTION - CONT'D

| 1. TYPE OF CLAIMS | TOTAL AMOUNT OF CLAIMS | FINAL DIVIDEND % |
|--|---------------------------|------------------|
| §726(a) & (b) and §507(a)(1) Chapter 7 Administrative Expenses and U.S. Trustee quarterly fees pursuant to 28 U.S.C. §1930(6) | \$85,933.87 | 100.00 |

| CLAIM NUMBER | CREDITOR | AMOUNT OF ALLOWED CLAIM | AMOUNT OF DIVIDEND |
|-----------------|------------------------------------|-------------------------|--------------------|
| | Joseph A. Baldi, Trustee | \$20,045.00 | \$13,133.00 |
| | Trustee Compensation | | |
| | Strongbox | \$597.00 | \$0.00 |
| | Administrative Rent | | |
| | Joseph A. Baldi & Associates, P.C. | \$56,430.00 | \$23,293.00 |
| | Attorney for Trustee Fees | | |
| | Joseph A. Baldi & Associates, P.C. | \$368.37 | \$94.37 |
| | Attorney for Trustee Expenses | | |
| | Popowcer Katten, Ltd | \$8,493.50 | \$8,493.50 |
| | Accountant for Trustee Fees | | |
| | CLASS TOTALS | \$85,933.87 | \$45,013.87 |

| 2. TYPE OF CLAIMS | TOTAL AMOUNT OF CLAIMS | FINAL DIVIDEND % |
|---|------------------------|------------------|
| §726(a) & (b) and §507(a)(1) Chapter 11 administrative expenses | \$ 0.00 | 0.00 |

| 3. TYPE OF CLAIMS | TOTAL AMOUNT OF CLAIMS | FINAL DIVIDEND % |
|--|------------------------|------------------|
| §507(a)(2) - Gap claims arising in involuntary cases and allowed pursuant to §502(f) | \$ 0.00 | 0.00 |

| 4. TYPE OF CLAIMS | TOTAL AMOUNT OF CLAIMS | FINAL DIVIDEND % |
|---|--|------------------------------------|
| §507(a)(3) - Wages, salaries or commissions limited to \$4,925.00 | \$ 13,950.00 | 100.00 |
| CLAIM NUMBER CREDITOR | AMOUNT OF ALLOWED CLAIM | AMOUNT OF DIVIDEND |
| 3A Kenneth Scipta | \$4,650.00 ¹ | \$2,852.77 |
| Priority Wage Claim 000011B Deborah L. Sobat Priority Wage Claim | \$4,650.00 ¹ | \$2,852.77 |
| 14A Robert Sheridan | \$4,650.00 ¹ | \$2,852.77 |
| Priority Wage Claim Internal Revenue Service Federal Income Tax Withholding | | \$3,906.00 |
| Internal Revenue Service | | \$202.29 |
| Medicare Withholding Internal Revenue Service | | \$864.90 |
| Social Security Withholding Illinois Dept. Of Revenue State Income Tax Withholding | | \$418.50 |
| | | |
| CLASS TOTALS | \$13,950.00 | \$13,950.00 |
| CLASS TOTALS 5. TYPE OF CLAIMS | \$13,950.00 TOTAL AMOUNT OF CLAIMS | \$13,950.00 FINAL DIVIDEND % |
| | TOTAL | FINAL |
| 5. TYPE OF CLAIMS §507(a)(4) - Contributions | TOTAL AMOUNT OF CLAIMS | FINAL DIVIDEND % |
| 5. TYPE OF CLAIMS §507(a)(4) - Contributions Employee Benefit Plans | TOTAL AMOUNT OF CLAIMS \$ 0.00 | FINAL 0.00 |
| 5. TYPE OF CLAIMS §507(a)(4) - Contributions Employee Benefit Plans 6. TYPE OF CLAIMS §507(a)(5) - Farmers' and Fishermans' claims | TOTAL AMOUNT OF CLAIMS \$ 0.00 TOTAL AMOUNT OF CLAIMS | FINAL 0.00 FINAL DIVIDEND % |

¹ Allowed Claim includes withholding for employee's share of social security, federal and state income taxes and Medicare. Amount of dividend represents the net priority wage claim which to be distributed to wage claimant.

| 8. TYPE OF CLAIMS | TOTAL AMOUNT OF CLAIMS | FINAL DIVIDEND % |
|---|-------------------------------|-----------------------|
| §507(a)(7) - Alimony, Maintenance and Support | \$ 0.00 | 0.00 |
| 9. TYPE OF CLAIMS | TOTAL AMOUNT OF CLAIMS | FINAL DIVIDEND % |
| §724(b) - Secured Tax Lien Claims | \$ 0.00 | 0.00 |
| 10. TYPE OF CLAIMS | TOTAL AMOUNT OF CLAIMS | FINAL DIVIDEND % |
| §507(a)(8) - Unsecured Tax Claims excluding fines and penalties | \$ 5,806.45 | 100.00 |
| CLAIM NUMBER CREDITOR | AMOUNT OF ALLOWED CLAIM | AMOUNT OF DIVIDEND |
| 000013B Internal Revenue Service | \$3,045.11 | \$3,045.11 |
| Prepetition Priority Tax Claim 15A New York Department Of Taxation Prepetition Priority Tax Claim | \$382.85 | \$382.85 |
| IL Dept. of Employment Security | \$1,199.70 | \$1,199.70 |
| Employer SUTA on Priority Wage C Internal Revenue Service Employer Medicare Matching on Priority Wage Claims | \$202.29 | \$202.29 |
| Internal Revenue Service | \$111.60 | \$111.60 |
| Employer FUTA on Priority Wage C Internal Revenue Service Employer Social Security Matching Priority Wage Claims | \$864.90 | \$864.90 |
| CLASS TOTALS | \$5,806.45 | \$5,806.45 |
| | TOTAL | FINAL |
| 11. TYPE OF CLAIMS | AMOUNT OF CLAIMS | DIVIDEND % |
| §507(a)(9) - Capital Commitments to Federal Depository Institutions | \$ 0.00 | 0.00 |

| 12. TYPE OF CLAIMS | TOTAL AMOUNT OF CLAIMS | FINAL DIVIDEND % |
|---|------------------------------|---------------------|
| §726(a)(2) Timely-Filed, General Unsecured Claims To be paid <i>pro rata</i> after costs of administration and priority claims are paid in full | \$ 210,813.22 | 100% |

| CLAIM NUMBER | CREDITOR | AMOUNT OF ALLOWED CLAIM | AMOUNT OF DIVIDEND |
|-----------------|--|----------------------------|--------------------|
| 000001 | B&F Coffee Service General Unsecured | \$50.00 | \$50.00 |
| 000002 | Levun, Goodman & Cohen General Unsecured | \$7,314.87 | \$7,314.87 |
| 000003B | Kenneth Scipta Non-Priority Unsecured Wage Claim | \$58,350.00 ² | \$35,797.72 |
| 000004 | CSC General Unsecured | \$7,607.00 | \$7,607.00 |
| 000005 | GE Capital (Copyco) General Unsecured | \$12,458.48 | \$12,458.48 |
| 000006 | Michael Best & Friedrich General Unsecured | \$1,864.00 | \$1,864.00 |
| 000007 | Baden Retirement General Unsecured | \$1,012.50 | \$1,012.50 |
| 800000 | Pitney Bowes Credit Corporation General Unsecured | \$1,276.25 | \$1,276.25 |
| 000009 | Citibank USA, NA Unsecured Credit Card Debt | \$987.64 | \$987.64 |
| 000010A | Lincoln National Life Ins Co General Unsecured | \$50,000.00 | \$50,000.00 |
| 000011A | Deborah L. Sobat Non-Priority Unsecured Wage Claim | \$47,415.50 ² | \$29,089.41 |
| 000013A | Internal Revenue Service General Unsecured 726 | \$1,315.44 | \$1,315.44 |
| 14B | Robert Sheridan Non-Priority Unsecured Wage Claim | \$10,350.00 ² | \$6,349.72 |
| 15B | New York Department Of Taxation General Unsecured 726 | \$100.00 | \$100.00 |
| | Internal Revenue Service Federal Income Tax Withholding | | \$32,512.34 |
| | Internal Revenue Service Medicare Withholding | | \$1,683.68 |
| | Internal Revenue Service Social Security Withholding | | \$7,199.16 |

Allowed Claim includes withholding for employee's share of social security, federal and state income taxes and Medicare. Amount of dividend represents the net non-priority wage claim which to be distributed to wage claimant.

| | | | 4 |
|---|--|---|--|
| | Illinois Dept. of Revenue | | \$3,483.47 |
| | State Income Tax Withholding Internal Revenue Service | \$56.40 | \$56.40 |
| | Employer FUTA on Wage Claims | \$30.40 | φ30.40 |
| | Internal Revenue Service | \$1,683.68 | \$1,683.68 |
| | Employer Medicare Matching on | * / | , , |
| | Wage Claims | | |
| | IL Dept. of Employment Security | \$1,767.30 | \$1,767.30 |
| | Employer SUTA on Wage Claims | 4 | A- 100 10 |
| | Internal Revenue Service | \$7,199.16 | \$7,199.16 |
| | Employer Social Security Matching | | |
| | on Wage Claims CLASS TOTALS | \$210,808.22 | \$210,808.22 |
| | CLASS TOTALS | \$210,000.22 | φ210,000.22 |
| | | | |
| | | | |
| | | TOTAL | FINAL |
| 13. TYPE C | OF CLAIMS | AMOUNT OF CLAIMS | DIVIDEND % |
| 0540 ()(4) | 0 1 1 1 1 1 0 1 1 | # 4 404 700 00 | 4.40/ |
| §510 (c)(1) | - Subordinated Claims | \$ 1,181,729.00 | 1.1% |
| | | | |
| CLAIM | | AMOUNT OF | AMOUNT OF |
| CLAIM NUMBER | CREDITOR | AMOUNT OF ALLOWED CLAIM | AMOUNT OF DIVIDEND |
| CLAIM NUMBER 000012 | CREDITOR ING Life Insurance and Annuity Co. | ALLOWED CLAIM | DIVIDEND |
| NUMBER | CREDITOR ING Life Insurance and Annuity Co. Subordinated per court order | | |
| NUMBER | ING Life Insurance and Annuity Co. | ALLOWED CLAIM | DIVIDEND |
| NUMBER | ING Life Insurance and Annuity Co. Subordinated per court order | ALLOWED CLAIM \$1,181,729.00 | DIVIDEND \$12,899.03 |
| NUMBER | ING Life Insurance and Annuity Co. Subordinated per court order | ALLOWED CLAIM \$1,181,729.00 | DIVIDEND \$12,899.03 |
| NUMBER | ING Life Insurance and Annuity Co. Subordinated per court order | \$1,181,729.00 \$1,181,729.00 | \$12,899.03 \$12,899.03 |
| NUMBER 000012 | ING Life Insurance and Annuity Co. Subordinated per court order CLASS TOTALS | \$1,181,729.00 \$1,181,729.00 TOTAL | \$12,899.03 \$12,899.03 \$12,899.03 |
| NUMBER | ING Life Insurance and Annuity Co. Subordinated per court order CLASS TOTALS | \$1,181,729.00 \$1,181,729.00 | \$12,899.03 \$12,899.03 |
| NUMBER 000012 | ING Life Insurance and Annuity Co. Subordinated per court order CLASS TOTALS OF CLAIMS | \$1,181,729.00 \$1,181,729.00 TOTAL AMOUNT OF CLAIMS | \$12,899.03 \$12,899.03 \$12,899.03 |
| NUMBER 000012 | ING Life Insurance and Annuity Co. Subordinated per court order CLASS TOTALS | \$1,181,729.00 \$1,181,729.00 TOTAL | \$12,899.03 \$12,899.03 \$12,899.03 FINAL DIVIDEND % |
| NUMBER 000012 14. TYPE C §726 (a)(3) CLAIM | ING Life Insurance and Annuity Co. Subordinated per court order CLASS TOTALS OF CLAIMS | ************************************** | \$12,899.03 \$12,899.03 \$12,899.03 FINAL DIVIDEND % 0% AMOUNT OF |
| NUMBER 000012 14. TYPE 0 §726 (a)(3) CLAIM NUMBER | ING Life Insurance and Annuity Co. Subordinated per court order CLASS TOTALS OF CLAIMS - Tardily Filed Unsecured Claims CREDITOR | ************************************** | \$12,899.03 \$12,899.03 \$12,899.03 FINAL DIVIDEND % 0% AMOUNT OF DIVIDEND |
| NUMBER 000012 14. TYPE C §726 (a)(3) CLAIM | ING Life Insurance and Annuity Co. Subordinated per court order CLASS TOTALS OF CLAIMS - Tardily Filed Unsecured Claims CREDITOR Robert Sheridan | ************************************** | \$12,899.03 \$12,899.03 \$12,899.03 FINAL DIVIDEND % 0% AMOUNT OF |
| NUMBER 000012 14. TYPE 0 §726 (a)(3) CLAIM NUMBER | ING Life Insurance and Annuity Co. Subordinated per court order CLASS TOTALS OF CLAIMS - Tardily Filed Unsecured Claims CREDITOR | ************************************** | \$12,899.03 \$12,899.03 \$12,899.03 FINAL DIVIDEND % 0% AMOUNT OF DIVIDEND |
| NUMBER 000012 14. TYPE C §726 (a)(3) CLAIM NUMBER 14C | ING Life Insurance and Annuity Co. Subordinated per court order CLASS TOTALS PF CLAIMS - Tardily Filed Unsecured Claims CREDITOR Robert Sheridan Tardily Filed Unsecured Claim | **TOTAL AMOUNT OF ALLOWED CLAIM \$1,181,729.00 **TOTAL AMOUNT OF CLAIMS ** 105,000.00 **AMOUNT OF ALLOWED CLAIM \$105,000.00 | \$12,899.03 \$12,899.03 \$12,899.03 FINAL DIVIDEND % 0% AMOUNT OF DIVIDEND \$0.00 |
| NUMBER 000012 14. TYPE 0 §726 (a)(3) CLAIM NUMBER | ING Life Insurance and Annuity Co. Subordinated per court order CLASS TOTALS DF CLAIMS - Tardily Filed Unsecured Claims CREDITOR Robert Sheridan Tardily Filed Unsecured Claim Insurance Partnerships Consulting | ************************************** | \$12,899.03 \$12,899.03 \$12,899.03 FINAL DIVIDEND % 0% AMOUNT OF DIVIDEND |
| NUMBER 000012 14. TYPE C §726 (a)(3) CLAIM NUMBER 14C | ING Life Insurance and Annuity Co. Subordinated per court order CLASS TOTALS PF CLAIMS - Tardily Filed Unsecured Claims CREDITOR Robert Sheridan Tardily Filed Unsecured Claim | **TOTAL AMOUNT OF ALLOWED CLAIM \$1,181,729.00 **TOTAL AMOUNT OF CLAIMS ** 105,000.00 **AMOUNT OF ALLOWED CLAIM \$105,000.00 | \$12,899.03 \$12,899.03 \$12,899.03 FINAL DIVIDEND % 0% AMOUNT OF DIVIDEND \$0.00 |

³ Late claim allowed in full and Trustee authorized to pay 1/3 dividend pursuant to agreement of ING Life and Annuity Company and court order dated November 8, 2007.

| 15. TYPE OF CLAIMS | TOTAL AMOUNT OF CLAIMS | FINAL DIVIDEND % |
|--------------------------------|---------------------------|---------------------|
| §726(a)(4) - Fines/penalties | \$ 0.00 | 0.00 |
| 16. TYPE OF CLAIMS | TOTAL AMOUNT OF CLAIMS | FINAL DIVIDEND % |
| 10. TTPE OF CLAIMS | AMOUNT OF CLAIMS | DIVIDEND 76 |
| §726(a)(5) - Interest | \$ 0.00 | 0.00 |
| 16. TYPE OF CLAIMS | TOTAL AMOUNT OF CLAIMS | FINAL DIVIDEND % |
| §726(a)(6) – Surplus to Debtor | \$ 0.00 | 0.00 |
| 17. TYPE OF CLAIMS | TOTAL AMOUNT OF CLAIMS | FINAL DIVIDEND % |
| §506 - Secured Claims | \$ 0.00 | 0.00 |

The following claims are not included in the distribution because they have been disallowed by court order or have been withdrawn by the claimant:

| TYPE OF CLAIM | CLAIM NUMBER | CREDITOR AND ADDRESS | AMOUNT OF CLAIM | DISALLOWED/ WITHDRAWN (DESIGNATE) |
|---------------------|-----------------|--|-----------------------|---|
| S | 000010B | Lincoln National Life Ins Co Donald A Murday Chittenden Murday & Novotny 303 West Madison Ste 1400 Chicago, IL 60606 | \$904,914.54 | Withdrawn |
| U | 0000016 | Insurance Partnerships Consulting c/o Dave Rooch 1202 Arborside Drive Aurora IL 60504-7072 | \$ 4,315.00 | Disallowed |

WHEREFORE, the Trustee certifies under penalty of perjury that the above statements are true and correct.

DATED: November 20, 2007 /s/ Joseph Baldi, trustee